



**ANNUAL REVIEW 2013/14
SELF-ASSESSMENT DOCUMENT
2014**

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SECTION 1: INTRODUCTION

Welcome to the Annual Review Self-Assessment for NHS 24.

The purpose of the Annual Review Self Assessment document is to demonstrate the performance of NHS 24 during 2013/14. NHS 24 is fully committed to and works within the Scottish Government's Healthcare Quality Strategy, and this self assessment is aligned to its 3 national quality ambitions, i.e. healthcare is:

- Safe;
- Person Centred, and;
- Effective

NHS 24 works in partnership with a wide range of stakeholders across the NHS in Scotland including partners, patients, voluntary organisations, Local Authorities, the Scottish Government and others. We would like to record our appreciation of the support and input of all of our partners for the performance and progress that NHS 24 has made in 2013/14.

NHS 24, is an integrated part of the NHS in Scotland, and has continued to develop and facilitate an expanding range of multichannel patient centred, safe and effective telehealth and telecare services for the citizens of Scotland through the following three key roles, providing benefits to Health, Health Service sustainability, and the wider economy:

- Service Provider;
- Service Facilitator; and
- Partner in Wider Service Transformation

NHS 24's 2020 Vision is aligned to the Scottish Government's Quality Strategy, 2020 Vision and Route Map, which guides service performance, developments and improvements.

SECTION 2: 2013 ANNUAL REVIEW ACTIONS

NHS 24's Annual Review for 2012/13 resulted in the following action points for the organisation to address. The NHS 24 update in relation to each of the action points are detailed in the table below:

	ACTION POINT - The Board will:	NHS 24 UPDATE
1	Maintain a focus on sustaining and improving core service delivery throughout the year; building on existing partnership working; and ensure robust arrangements are in place for evaluating and evidencing pilot services prior to roll-out	<p>Achieved</p> <p>The Unscheduled Care service achieved all clinical and operational targets during 2013/14. As part of the continual improvement to the core service, the staffing and operational model was reviewed and changes implemented.</p> <p>NHS 24 continues to work closely and effectively with all unscheduled care partners, especially the GP out of hours services, in all aspects of service planning and delivery.</p> <p>Robust arrangements are in place for evaluating and evidencing pilot services prior to roll out, for example as applied to the Patient Reminder Service and the MSK Service.</p>
2	Work closely with Territorial Health Boards and other partners in the development of Local Unscheduled Care Action Plans to ensure a joined up approach to delivery of services	<p>Achieved</p> <p>The Local Unscheduled Care Action Plan was developed in partnership with Health Board partners. Funding was secured and a revised model implemented to include the use of physiotherapy staff within the Unscheduled Care Service.</p>
3	Ensure that a continued emphasis on safe delivery of the Future Programme is underpinned by robust clinical governance and effective risk identification and management; and ensures that staff and their representatives are engaged, well informed and supported	<p>Achieved</p> <p>The management of the Future Programme has been fully underpinned by the actions described, through, for example, the Clinical Advisory Group and the Area Partnership Forum. The Future Programme will only move to go live when it is safe and effective to do so.</p>

	ACTION POINT - The Board will:	NHS 24 UPDATE
4	Build on the way in which feedback on service delivery can be given and continue to develop arrangements for supporting staff to apply the learning to service development and delivery	<p>Achieved</p> <p>NHS 24 listens to, and responds constructively to all feedback, and has comprehensive systems in place to apply any learning from such feedback, including:</p> <ul style="list-style-type: none"> • Patient Safety Walkrounds; • Complaints, compliments and comments; • Partner Feedback and; • Patient Opinion. <p>In addition, the nhs24.com website is being developed to enhance and improve access for members of the public to provide feedback.</p>
5	Ensure e-KSF review completion and record levels reach 80% by 31 March 2014	<p>Not Achieved</p> <p>NHS 24 recorded a completion level of 72% by 31 March 2014, which was under the target of 80%, however exceeded the NHSScotland average of 58%</p>
6	Ensure focus on raising awareness and increasing referral numbers to Living Life consistently across all NHS Board areas, and put in place arrangements for engaging with key stakeholders as the service develops	<p>Achieved</p> <p>Awareness raising sessions continued throughout all Health Board, engaging with local champions and further promoting the service.</p> <p>Formal partnerships have been established with Network Rail, British Transport Police, and First Bus who advertise NHS Living Life to all employees through their HR Departments and company events. NHS 24 continues to work with Health Boards to ensure the increased use of the service</p>

SECTION 3 PERSON CENTRED CARE

CHAPTER 3.1 EVERYONE HAS A POSITIVE EXPERIENCE OF HEALTHCARE.

3.1.1 Unscheduled Care Clinical Performance and Access

All calls identified as immediately life threatening or serious and urgent, are dealt with immediately by NHS 24 when the call is received. This is regardless of the demand on the service at the time of the call. Patients are either directly routed from call handlers to a nurse practitioner for a clinical assessment; transferred directly by the call handler to the Scottish Ambulance Service; or to an appropriate point of care following agreed protocols.

As part of our programme to continually improve the unscheduled care service, NHS 24 reviewed and enhanced its clinical supervision model; increased the range of skill sets available within the service (for example, physiotherapists and pharmacists), and implemented seasonal specific initiatives which improve the patient journey for callers with specific conditions by implementing associated clinical protocols and processes that allow safe management of patients on a "one and done" basis.

Achieve access service level of 90% of calls to be answered within 30 seconds

The definition of a call that meets the access service level is one that is answered within a 30-second threshold following the end of the welcome message. Performance against the target is based on the service level calculation in each individual quarter, and demonstrates that the quality of the service is being maintained.

Current Position

NHS 24 met this target, with an average time to answer calls across 2013/14 of 4.5 seconds.

Of the 1,317,467 patient calls dealt with during 2013/14, **97%** of these calls were answered within 30 seconds. NHS 24 closely monitors any calls that fall out with this clinical indicator and takes action where necessary.

NHS 24 maintained high levels of service access during 2013/14, including the eight-day festive period where the increase in call demand is significant. Effective clinical prioritisation ensures that patients were treated in a safe and clinically appropriate manner. Close liaison was maintained with the Scottish Government Health & Social Care Directorate throughout the festive months in relation to the achievement of this Key Performance Indicator.

NHS 24 has continued to use recorded messages as a way of providing patients with better access to services. 4.3% of callers (which equates to 56,651 callers) chose to listen to recorded information and advice on how to treat various conditions such as diarrhoea and vomiting and influenza. These calls are not included in the total calls dealt with.

The performance against the trajectory set out in the 2013/14 Local Delivery Plan (LDP) is outlined in the table below.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
Actual	98.5%	97.6%	97.7%	95.9%

90% of GP Priority calls responded to within 20 minutes

GP Priority calls are defined as those where the outcome of the clinical assessment leads to a requirement for a face-to-face assessment, within an hour, by another health care professional or where further urgent specialist telephone assessment by a doctor is required. The measurement is based on the time between the call handler receiving the call and the time at which the nurse practitioner (or other health professional) starts the patient consultation. Any calls that fall out with this clinical indicator are investigated by NHS 24.

During 2013/14, NHS 24 achieved this target, responding to an average of **99.98%** of patients in this category.

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
Actual	99.98%	99.99%	99.99%	99.97%

90% of GP routine calls responded to within 60 minutes

GP Routine calls are defined as those where, following triage, the patient is deemed fit to travel for face-to-face assessment by a health professional, or where a home assessment is required in more than one hour. Such calls may result in referral for face-to-face assessment or the provision of self-care advice.

The measurement is based on the time between the call handler receiving the call and the time at which the nurse practitioner (or other health professional) starts the patient consultation. Any calls that fall out with this clinical indicator are investigated by NHS 24.

During 2013/14, NHS 24 achieved this target, responding to an average of **99.97%** of patients in this category.

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
Actual	99.98%	99.97%	99.97%	99.96%

Festive Period 2013/14

The Festive Period is generally the most challenging time of the year for the NHS 24 Unscheduled Care Service. During the 8-day festive period in 2013/14, the service received 55,815 calls compared to 72,372 for the equivalent period in 2012/13. The access service level for the festive period was 99.52% (compared to 93.01% in 2012/13) with call demand over the eight days lower than forecast. The busiest day was Thursday 2 January with call demand of 8,510, followed by Saturday 28 December with call demand of 8,403. Patient safety was effectively managed and all key clinical performance indicators were achieved.

The decrease in activity in comparison to last year was experienced across wider NHSScotland Unscheduled Care Services. It was attributed in the main to lower levels of seasonal/upper respiratory illness such as coughs/colds, sore throats, norovirus and ear infections. This was consistent with the trend experienced prior to the festive period when activity was lower than normal for the time of year.

Partnership working between Health Boards and NHS 24 in both the planning and the delivery of services was also effective. This was particularly evident in the approach to winter planning and the way in which Pre-prioritised calls were handled by Health Boards in support of NHS 24. This year this amounted to 2,814 calls in total, in comparison to 6,468 in 2012/13. The decrease in Pre-prioritised calls is in line with the lower than expected call demand. These patients are dealt with by GPs hosted within the partner Board out of hours services within the target timescale, and are managed through joint performance indicators. In order to ensure patient safety, an operational process for the passing of appropriately pre-prioritised non-urgent calls is in place with partner Boards. The support from NHS 24 staff (both frontline and support staff) in working throughout the Festive period should be commended.

In addition to the Festive holiday, NHS 24 provided cover for General Practice closures for 26 local and public holidays during 2013/14.

Transfer 90% of patients identified as suffering from Hyperacute Stroke to the Scottish Ambulance Service within 10 minutes

NHS 24 and the Scottish Ambulance Service (SAS) established a joint target to ensure that patients identified as suffering from a Hyperacute Stroke are transferred to hospital as quickly as possible. The NHS 24 target is to transfer 90% of callers to SAS within 10 minutes, with SAS having a target to transfer patients to the appropriate hospital within 60 minutes of receiving the call from NHS 24.

During 2013/14, NHS 24 identified 609 patients who were displaying symptoms of having experienced a stroke, and on **average 90.75%** of patients were transferred to the Scottish Ambulance Service within 10 minutes.

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below:

Actual vs. Target Performance 2012/13				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
Actual	89%	90%	88%	96%

Respond to 98% of P1 calls within 60 minutes, and 90% of P2 calls within 120 minutes.

At peak times, less serious conditions can be reviewed by senior clinicians and assigned a clinically appropriate time within which to call the patient back. Time frames are within one, two or three hours and these priorities are recorded within our Patient Relationship Management System (PRM) as P1, P2 or P3. NHS 24 advise those patients who require to be called back of an estimated timeframe for contact and to immediately call NHS 24 back if their condition worsens before a return call. All calls on the queue are monitored to ensure that they remain clinically safe.

During 2013/14, NHS 24 achieved these targets, with **100%** of P1 calls responded to within 60 minutes, and responded to **99.98%** of P2 calls within 120 minutes.

Reducing Attendance at A&E Departments

As part of NHS 24's commitment to support Territorial Boards to reduce A&E attendances, the organisation aims to meet two targets as follows:

- Provide at least 30% of patients with self-care advice.
- Convert at least 75% of Category C calls transferred from the SAS to primary care or home care outcomes

Additional activity within NHS 24, which also contributes to a reduction in A&E attendance, is the hosting of the Know Who to Turn to Campaign and the National Musculoskeletal Advice and Triage Service.

During 2013/14, an average of **33.5%** of patients were provided with self-care advice. In addition, NHS 24 converted **79.5%** of Category C calls transferred from SAS to primary care or home care outcomes. NHS 24 A&E referrals have remained consistent during 2013/14. NHS 24 will continue to work closely with Territorial Health Boards to support the reduction in A&E attendances through the work of the Unscheduled Care Expert Group, which is looking to help address the broader issues. .

Scottish Emergency Dental Service (SEDS)

NHS 24 continued to support the dental nursing services through the Scottish Emergency Dental Service, which covers all Health Board areas in Scotland and formally became the responsibility of NHS 24 in April 2010. NHS 24 is responsible and accountable for the call handling, dental nurse assessment, and appointment booking for face to face treatment for patients who call during the out of hours period with dental issues. During 2013/14, the service received an average of over 5,100 calls per month. **100%** of calls categorised as "D1" were responded to within 45 minutes, compared to the target of 95%. An average of **99.98%** of calls categorised as "D3" were responded to within 180 minutes, compared to the target of 90% (note, D2 was a historical standard which is no longer in existence).

Perinatal Advisory Service

The Perinatal Advisory Service which brings together several strands of activity including the location of cots, arranging transport, liaising with referring and receiving clinical teams and providing a single point of access and signposting to specialist clinical advice when and where appropriate. During 2013/14, there were 395 transfer requests made by obstetricians, neonatologists and midwives, compared to 304 in 2012/13. NHS 24 progressed 346 of those calls to a conference call to discuss management of in utero transfers (IUTs) or ex utero transfers (EUTs) to West of Scotland NHS Boards.

Paediatric Unscheduled Care Service

NHS 24, through the SCTT, worked in partnership with the North of Scotland Planning Group to support improvements to the Paediatric Unscheduled Care Service across the North of Scotland Boards. A decision support service has been implemented, facilitated by video conferencing, to ensure that paediatric emergencies from six hospitals (5 Rural General Hospitals and 1 Community Hospital) have fast access to a single point of specialist contact. This aims to support speedier diagnosis, and where appropriate, enable the child to stay in their local hospital, or if necessary, have a planned transfer to a specialist centre. The service was launched in July 2013, and learning is being captured within a formal evaluation report, which will be completed by early summer 2014. This report will inform any future service model which may be developed.

3.1.2 Patient Feedback

NHS 24 carries out bi-annual surveys of the unscheduled care service to establish how satisfied patients are with the service they received.

In February 2014, 1,200 patients who had made contact with the service were randomly selected and sent a Patient Experience Questionnaire via mail and provided with a pre-paid envelope for responses. An alternative option was offered in the letter to participate by accessing a web-based questionnaire for the first time this year in an attempt to increase participation rates. 210 questionnaires were returned (including online responses), representing an 18% return rate, which is a decrease of 2% from January 2013. A number of changes to the process are being considered for 2014/15 to increase the participation rate.

Overall, an average of **89%** of respondents to the survey recorded overall satisfaction with the service, against a target of **90%**.

The Patient Survey results are reported to the National Clinical Governance Group and the Clinical Governance Committee.

As a result of the findings from the Patient Experience Surveys, two areas for improvement have been identified:

- Funding has been secured to redevelop nhs24.com to increase access for the public, and to enable feedback to be provided online;
- Licence for "Browse Aloud" purchased, to be used across NHS 24's online services, which adds speech and reading support tools to the online content, in order to extend the reach of websites for up to 40% of the population who require reading support.

In addition, NHS 24 supported the launch of the Patient Opinion website in Scotland, and continues to explore opportunities to encourage patient feedback, including the use of wider social media, and promotional materials.

3.1.3 Public Involvement

During 2013/14, NHS 24 has maintained its commitment to involving patients, carers, the public, and staff in the design and development of NHS 24 services.

During 2013/14 NHS 24 continued to engage with diverse communities, leading to an increased membership of its Public Partnership Forum (PPF). Members of the Public Partnership Forum are represented across a range of decision-making levels in the organisation, including the following:

- The Equality and Diversity and Involving Public and Patient Committee (EQIPP);
- The Participation and Equality Group, the membership of which includes senior managers and staff side representatives responsible for mainstreaming Patient Focus and Public Involvement (PFPI), and equality, diversity and human rights matters;

The PPF is chaired jointly by a public member of the Forum and NHS 24's Director of Human Resources (who is NHS 24's Designated Director for PFPI).

Key activities during the year included:

- Presentation of the PPF second Annual Report to the EQIPP committee. This was well received and will continue to be presented to the committee on an annual basis;
- Reaccreditation of the "Investing in Volunteers" Award (IiV). IiV is the UK Quality Standard for organisations which involve volunteers in their work;
- Members of the PPF supported the actions contained within the PFPI Strategy Action Plan 2013/14, and have been involved in a number of strategic and operational projects including the Health and Care Information Governance Group, and the Person Centred Care Project.

Members of the PPF provided substantial support in the preparation and launch of the new free to call 111 number to access the unscheduled care service, which went live in April 2014:

- A representative of the NHS 24 PPF was a member of the Programme Board Stakeholder Group. PPF members provided feedback on marketing material and on the recorded message for 111.
- The PPF supported the launch of the new number and provided the Communications team with the contact details of community based groups to help promote 111 across Scotland.
- The communications element of the new number was subject to an equality and diversity impact assessment and NHS 24 staff are working to improve awareness of the number across equality groups.
- Communication has taken place with other Health Boards, including GP surgeries, and the new number was promoted through radio, press, transport and online communication methods.

In addition, during 2013/14 our Clinical Governance Public Panel has continued to provide significant support to the organisation. In order to continue to benefit from this support, the Terms of Reference for the group has been reviewed and aligned to the PPF Terms of Reference. Areas of involvement during 2013/14 have included supporting activities contained within the Clinical Governance Framework, and the Clinical Effectiveness Plan

3.1.4 NHS 24 Quality Measures - Person Centred Care

NHS 24 undertakes routine reviews of the quality of the care provided to patients through our Call Consultation Review Process, which is aligned to the three quality ambitions and supports the performance management of our staff. NHS 24 has defined and measured indicators to ensure information to enable continuous improvement. All calls are monitored and reviewed against specific criterion, which has been assigned a value between 1 and 4. 4 being the element of the call reviewed which was completed competently, effectively and efficiently, and 1 being there was no evidence of the element of the call being completed. This information is also used to provide assurance that the services provided are safe, effective and person centred. NHS 24 has included a set of Quality Measures within the 2013/14 LDP.

“Professional Rapport” for both our call handlers (Healthcare Support Workers) and nurse practitioners provide measures in the care provided to patients in line with “caring and compassionate, person centred staff and services”. “Patient outcome and agreement” provides a measure of our nurse practitioners communication and explanation of the patient’s condition and treatment.

The performance against the Person Centred Quality Measures set out in the 2013/14 LDP are outlined in the tables below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
90% of call handlers score 3 or more in the “professional rapport”	98%	99%	98%	98%
90% of Nurse Practitioners score 3 or more in the “professional rapport”	98%	98%	98%	98%
90% of Nurse Practitioners score 3 or more in “Patient outcome and agreement”	95%	96%	96%	93%

CHAPTER 3.2 PEOPLE ARE ABLE TO LIVE WELL AT HOME OR IN THE COMMUNITY

3.2.1 Psychological Therapies

During 2013/14 NHS 24 continued to manage the “NHS Living Life” service providing telephone based Cognitive Behavioural Therapy (CBT) and Guided Self Help (GSH) for patients experiencing low mood, mild to moderate depression or anxiety and demonstrates improvements in patient outcomes. Referrals to the service are made by an individual’s GP or the patient may self-refer.

This service supports the Scottish Government Health & Social Care Directorates’ commitment to increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers. The service continues to improve and has demonstrated an increase in referrals to both Cognitive Behavioural Therapy and Guided Self Help. It is currently engaged in promoting the service throughout all the Health Boards in Scotland as an alternative, out-of-hours therapeutic service for people to access from the comfort of their own homes.

Reduce mood / depression rate by 50% for patients completing treatment in the “Living Life” Service (annual average of at least a 50% decrease in (CBT) PHQ-9 scoring)

Mood / depression rates for those patients completing the Cognitive Behaviour Therapy (CBT) treatment demonstrate improvements in patient outcomes on average for **78%** of patients during 2013/14, compared to a target of 50% (based on the CBT PHQ-9 scoring).

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	50%	50%	50%	50%
Actual	83%	77%	76%	75%

Reduce anxiety / worry rates by 50% for patient completing treatment in the “Living Life” Service (annual average of at least 50% decrease in GAD-7scoring)

Anxiety / worry rates for those patients completing the guided self help treatment demonstrate improvements in patient outcomes on average for **76%** of patients during 2013/14, compared to a target of 50% (based on the GAD-7 scoring)

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	50%	50%	50%	50%
Actual	81%	76%	74%	73%

3.2.2 100% frontline staff trained to identify suicidal patients

All NHS 24 frontline staff receive suicide prevention training as part of the core induction process.

The performance against the trajectories set out in the 2013/14 LDP is outlined in the table below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	100%	100%	100%	100%
Actual	100%	100%	100%	100%

3.2.3 Breathing Space Service

Breathing Space is a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. The service provides a safe and supportive space by listening and offering advice and information.

In 2013/14 call demand for Breathing Space was 74,296 calls, which was broadly equivalent to the call demand experienced in 2012/13 (74,892 calls). A full range of indicators is monitored on a monthly basis by the Executive Team to assess the efficiency and effectiveness of the service, together with the patient experience. These indicators include the level of call reviews, patient complaints and feedback, access service level, percentage of calls abandoned after the threshold and the average and maximum time to answer.

3.2.4 Living it Up

The formal ministerial launch of the Living it Up programme took place in Forth Valley in November 2013, with over 7,300 users recruited to co-design and develop this innovative digital service in support of health and wellbeing, initially across five geographical areas in Scotland. The digital platform can be accessed via familiar, user-owned web, television and mobile devices. The platform currently provides six "experience" guides, which have been designed and developed with users, including "telecare" and "living with a lung condition". This platform remains a prototype and will be in its final programme form by the end of November 2014 at which point the business case for a sustainable service will be established.

3.2.5 Care Home Support

A Programme of activity to support the further use of telehealth-enabled services to Care Homes has been progressed in 2013/14. Specialist nurse led liaison dementia services are now available in three care homes in Highland, and funding has been secured to develop and share the learning for residents in two Care Homes in Lothian. The Joint Improvement Team have committed funding in support of an evaluation of this approach to support shared learning and adoption, but early positive impacts are emerging including improved access to specialist services; improved confidence of care home staff; reduction in the use of antipsychotic medication; and cost savings associated with avoided hospital admissions and reduction of unnecessary transportations.

SECTION 4 HEALTHCARE IS SAFE FOR EVERY PERSON, EVERY TIME

CHAPTER 4.1 PATIENT SAFETY

Patient Safety Leadership Walkrounds (introduced in NHS 24 during 2010) have continued throughout 2013/14 and support Executive Leaders in discussing patient safety and possible barriers and concerns with frontline staff. The Walkrounds help to increase staff awareness of patient safety issues and to establish a strong commitment by senior leadership to a culture that encourages patient safety. The schedule of walkrounds for 2013/14 was progressed in both local and regional centres with participation from Executive and Non Executive Board Members.

The Walkrounds allow NHS 24 to obtain and act on information gathered during these sessions that identify areas of good practice, areas for improvement and educates staff about patient safety concepts and methodologies, as well as incident reporting systems. The main themes identified during 2013/14 were related to callers who had fallen and the limited resources available to assist these callers, staff development and concern re staffing numbers. All concerns form part of ongoing workstreams both internally and external to the organisation.

The Scottish Patient Safety Programme improvement methodologies are applied to the agreed areas of activity and this is reported in the NHS 24 National Quarterly Healthcare Quality Report, which is presented to the National Clinical Governance Group and the Clinical Governance Committee.

4.1.1 NHS 24 Quality Strategy Measures - Safe

The performance against the indicators set out for 2013/14 in relation to Patient Safety is outlined in the tables below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
90% of Nurse Practitioner score 3 or more in the "worsening statement given"	94%	95%	95%	94%
90% of Nurse Practitioners score 3 or more in the "Change and Duration of symptoms"	92%	94%	91%	92%
90% of Call Handlers score 3 or more in the 'add view comments'	97%	97%	97%	96%
90% of Call Handlers score 3 or more in the 'main call reason'	98%	99%	99%	98%

An additional indicator of safety within NHS 24 is the feedback received from patients. During 2013/14 the performance against the quality indicator set out in the LDP is outlined in the table below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	0.01%	0.01%	0.01%	0.01%
Number of complaints less than 0.01% of calls	0.004%	0.005%	0.009%	0.006%

CHAPTER 4.2 CLINICAL GOVERNANCE

4.2.1 Overview of Clinical Governance

NHS 24's clinical governance arrangements provide effective assurance to patients, clinicians and managers alike that the quality of clinical care drives decision-making about the provision, organisation and management of services. It is essential that the planning and delivery of services takes account of the views of patients and staff and enables organisational delivery of high quality standards of care to support implementation of the NHS Scotland Healthcare Quality Strategy and the three Quality Ambitions. It ensures patient and staff confidentiality and the right of clinical staff to exercise individual clinical judgement while ensuring that learning opportunities are identified and implemented.

To ensure the key clinical risks facing NHS 24 have robust controls, the underpinning groups supporting the Clinical Governance agenda receive various updates and reports. The NHS 24 Executive Directors accountable for clinical governance attend the Clinical Governance Committee to provide evidence and assurance that robust clinical governance arrangements are in place and remain a priority within NHS 24.

The following strategic frameworks and activities provide NHS 24 with a planned and systematic approach to Clinical Governance:

- Clinical Risk Register - in accordance with the NHS 24 Risk Management Strategy, implementation and monthly review of the Clinical Risk Register ensures rigorous scrutiny of risks and appropriate mitigation activity.
- Business Continuity Management – enables a planned approach to continuity testing and the work of the Business Continuity Management.
- Public Protection - recent improvements have included a review and updating of Child Protection and Adult Protection policies; a review and updating of Public Protection training materials; the development of a Child Protection Accountability and Governance Framework and the introduction of a quarterly newsletter
- Education, Training and Continuing Practice and Professional Development (CPD)
- Mental Health & Learning Disabilities Strategic Framework – monitors the implementation of key improvements within our Mental Health activity, including the delivery of suicide prevention training, Adult Support & Protection activity and the implementation of the Dementia Strategy.
- Learning from Experience: opportunities to learn from the experience of those who use NHS 24 services including from complaints, comments and compliments have been refreshed through the incorporation of guidance such as 'Can I Help You' into the NHS 24 complaints policy. Feedback mechanisms are being strengthened through the redesign of the external nhs24.com website to widen public access, and active engagement with Patient Opinion.

4.2.2 Management of Adverse Events

As part of a process of a national review across NHS Scotland of the Management of Adverse Events, NHS 24 was reviewed by NHS HIS in October 2013. The report, which was published in December 2013, highlighted six areas of good practice, and made eight formal recommendations.

The six areas of good practice within NHS 24 are:

- A robust governance structure for the management of adverse events.
- Comprehensive investigation teams that involve relevant specialties where required.
- Standard templates for validating adverse incidents and compiling investigation reports, using the situation, background, action and recommendations format.
- Follow-up of action plans to make sure actions are completed.
- Documented one-to-one sessions with staff which include reflective practice, and;
- An organisational culture that is open to change, with a focus on learning and improving from adverse events

All comments and recommendations contained within the report built on the work already undertaken within NHS 24 as identified from the internal review of adverse event management as a response to the NHS Ayrshire and Arran report. Each of the NHS HIS recommendations have been aligned with the original recommendations from the NHS Ayrshire & Arran report an action plan developed. The Associate Director of Nursing and Clinical Governance, together with the Clinical Governance and Quality team are leading and driving forward the work required to implement the recommendations. This is being progressed in conjunction with colleagues in Service Delivery, HR and other specialties as required to agreed timescales. Regular reporting to the Adverse Event Programme Board and the Clinical Governance Committee has been maintained to ensure effective governance. The action plan was approved by NHS HIS in April 2014, and the activities will be taken forward during 2014/15.

SECTION 5 EFFECTIVE

CHAPTER 5.1 EVERYONE HAS THE BEST START IN LIFE AND IS ABLE TO LIVE LONGER, HEALTHIER LIVES

5.1.1 NHS inform and other Health Information Services

One of the key aims of this Quality Outcome is to inform and support people to manage and maintain their health and to manage ill health. A critical enabler to this and our primary aim is to make available quality assured health and care information and signposting to the population of Scotland, offered through a multi-channel approach.

The welcome message and the website initiatives were designed to give patients information on the range of services available to them, and to improve access to the public about their health such as how to treat minor ailments.

The NHS inform service (www.nhsinform.co.uk) continues to provide the public with a range of quality assured online services including a health encyclopaedia and database of local community pharmacies, GPs, sexual health clinics, travel clinics and dental practices across Scotland. The website continued to be expanded during 2013/14 and promoted through national advertising campaigns, such as Safe Summer, Be Ready for Winter. In addition, NHS inform provides information across a range of topics, including Cancer, Veterans Health, and Health Screening.

80% of calls to Health Information Service responded to within 60 seconds

On average **91.5%** of calls to the Health Information Service were responded to within 60 seconds, against the target of 80%

The performance against the trajectory set out in the Local Delivery Plan 2013/14 is as follows:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	80%	80%	80%	80%
Actual	95%	88%	92%	91%

The Health Information Service provides services to the Scottish population across Telephone Helplines and online channels of delivery (including nhsinform.co.uk, Care Information Scotland and the Smokeline Service).

The NHS inform service encompasses the provision of quality assured health information across a range of topics, and includes a directory of support services to facilitate self-care. A partnership programme of work encompasses the engagement across a range of users and partner organisations to ensure that the service is fit for purpose and fully integrated at a local level.

The Health Information Service also delivers services across its mobile NHS inform platform which allows access to the Health A-Z content, Common Health Questions and access to local support services through a postcode search.

This year saw the launch of www.knowwhatturnto.org responsive site, which supports education of the public in choosing the right health care provider to meet their need at the time, as well as providing their nearest location of care through a postcode search. The responsive nature of the site allows the user to view across all mobile platforms.

During 2013, Health Information Services developed the concept of personalisation (previously known as TIPS) which was launched as part of the developing Cancer zone, which has been developed in partnership with Macmillan Cancer Charity. This functionality allows the user to personalise elements of the cancer information for their own need. This will be further developed during 2014/15.

Supporting In-Hours Services

In conjunction with the Scottish Government over the past year, NHS 24 has continued to develop its provision of national telephone helpline services. During 2013/14, NHS 24 introduced a national waiting times helpline through the NHS inform service.

In addition to the national helpline, NHS 24 delivered a number of helplines on behalf of Territorial Health Boards including:

- TB Helpline (NHS Lanarkshire)
- Dental Incident Helplines (NHS Ayrshire and Arran and NHS Greater Glasgow and Clyde)
- Hepatitis C Helplines (NHS Lothian and NHS Fife)
- Recall Helpline (NHS Fife)
- Syphilis Helpline (NHS Lanarkshire)

Smokeline

NHS 24 manages the national Smokeline service on behalf of Scottish Government. This service is offered through a telephone helplines, online, SMS texting and webchat as integrated elements of the service. The target for NHS 24 is to increase the number of referrals (of people who may potentially quit smoking) to territorial Boards, against the number of calls to the service. During 2013/14, an average of 5.75% of callers were referred on to territorial boards for smoking cessation services, against a target of 5%. This target supports the NHSScotland aim to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most deprived within Board SIMD areas over the three years ending March 2014.

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	5%	5%	5%	5%
Actual	8%	4%	5%	6%

5.1.2 Scheduled Care Services

Convert at least 45% of patients called by NHS 24 to KeepWell appointments during 2013/14

As part of the national Keepwell Programme, NHS 24 supports NHS Lothian achieve their agreed number of inequalities targeted cardiovascular Health Checks by providing a telephone based service to patients to encourage them to take advantage of the service. During 2013/14, an average of 65% of patients called by NHS 24 converted to KeepWell appointments against a target of 45%.

The performance against the trajectory set out in the 2013/14 LDP is outlined in the table below.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	45%	45%	45%	45%
Actual	56%	72%	70%	63%

Cancer Treatment Helpline

As part of the national programme of quality improvement and service modernisation in cancer care, NHS 24 continues to work with the Scottish Government Health and Social Care Directorate and NHS Boards to implement a telephone based advice and triage service for patients who receive systemic anti-cancer treatments.

The aim is to provide a safe and cost effective service for patients undergoing treatment, providing consistent access to appropriate safe healthcare across the country. It allows patients undergoing treatment to self refer for triage and referral (if appropriate) into local cancer services.

To ensure the safety of the Cancer Treatment Helpline, partner Boards continuously review patient outcomes following the use of the helpline, including the patient's experience of the service. Any improvements / feedback identified from this review are reported real-time to NHS 24.

Following the positive evaluation of the service within the pilot boards, national implementation is now scheduled by March 2015.

Musculoskeletal Advice and Triage Service (MATS)

The MAT Service is live in NHS Lanarkshire, NHS Lothian and NHS Ayrshire & Arran. The service offers a telephony advice and triage service to identify and refer callers who would benefit from a range of extended dispositions including enhanced self-management resources, employment services and local Allied Health Professionals services. Specific objectives include:

- directing appropriate callers to self management resources via an automated option or, as identified by outcome of triage process
- referring on to local services only those patients stratified as medium or high risk – risk of experiencing a persistent problem
- identifying patients who meet the referral criteria for Working Health Services Scotland in relation to their work status and type of employer

During 2013/14, the service answered 42,043 calls. Following a successful evaluation of the service, NHS 24 is now planning to extend the service to a further five Boards during 2014/15.

CHAPTER 5.2 BEST USE OF AVAILABLE RESOURCES

5.2.1 Financial Performance

Performance in 2013/14

NHS 24 achieved its target to remain within the revenue resource limit agreed with Scottish Government Health & Social Care Directorates, with an outturn of £73.633 million against the agreed limit of £73.723 million (a planned underspend of £0.90 million).

Of the £73.723 million received in year, a total of £1.988 million related to allocations including funding for European Engagement, the Breathing Space service, the Scottish Centre for Telehealth and Telecare, and the Local Unscheduled Care Action Plan (LUCAP).

NHS 24 also received a capital resource limit of £0.300 million. At year-end, there was an underspend of £0.072 million, therefore achieving the requirement to remain within the Capital Resource Limit.

NHS 24 also met its target to remain within the cash requirement set by the Scottish Government Health & Social Care Directorate.

Planned Investment

The updated Financial Plan for 2014/15 is an integrated part of the Local Delivery Plan, and was submitted to, and approved by the Scottish Government Health & Social Care Directorate.

The plan reviews anticipated spend, resource allocation and spending plans across the planning period. This process includes identification, assessment and mitigation of risks.

The key risks identified were that:

- scope drift and/or any replanning of the Future Programme could attract additional revenue consequences in year
- the achievement of efficiency savings is linked to progress on the Future Programme, a delay in implementation could impact on the level of efficiency savings achievable.

Efficiency Savings

In line with the national planning guidance, annual efficiency savings targets were set and agreed with SGH&SCD. For 2013/14, NHS 24 identified and achieved efficiency savings of £2.955 million including significant savings in relation to depreciation as part of the planned transition to the new services in the Future Programme.

Carbon Emissions and Energy Consumption

NHS 24 is committed to reducing carbon emissions and energy consumption. NHS 24 continued to take steps to reduce energy based carbon emissions by implementing the Carbon Management Plan.

NHS 24's Carbon Management Plan (developed in partnership with the Carbon Trust) had two main targets for 2013-14 as follows:

- Achieve a 5% reduction in Carbon Emissions (measured in CO2 tonnes);
- Reduce energy consumption by 1% (measured in kw/h)

During 2013/14 planned actions have been implemented which have resulted in a 4.6% reduction in Carbon Emissions, and a reduction in Energy Consumption by 2.6%. Whilst the reduction in Carbon Emissions is lower than the organisation's target, it is above the national Heat target of 3%, and NHS 24 remains on track to achieve its overall Carbon Management Plan reduction of 20% by 2018.

In addition, NHS 24, via the SCTT, supported the establishment of the National Videoconferencing platform. Over 250,000 calls were made using this platform during 2013/14, generating significant savings in terms of avoided travel, and the associated CO2 emissions.

The performance against the trajectories set out in the 2013/14 LDP are outlined in the table below.

Energy Consumption Actual vs. Target Performance 2013/14		Carbon Emission Reduction Performance 2013/14	
Target	1%	Target	5%
Actual	2.6%	Actual	4.6%

5.2.2 Patient Reminder Services

The Scottish Government Health & Social Care Directorates' 12 week referral to treatment target supports the requirement to maximise outpatient productivity. NHS Boards have developed programmes to support utilisation of outpatient clinics including workstreams to reduce "Did Not Attend" (DNA) levels. To support those programmes, a business model to facilitate NHS Boards to identify individuals who are less likely to attend outpatient clinics and who therefore would benefit from receiving a reminder call was developed by NHS 24 in partnership with Territorial Health Boards. During 2013/14 the service was operational within NHS Western Isles, Ayrshire & Arran, Grampian, Highland and Forth Valley.

During 2013/14 NHS 24 contacted an average of **80.75%** of patients to confirm their intention to attend, reschedule or cancel their outpatient appointment, against a target of 80%.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	80%	80%	80%	80%
Actual	81%	81%	81%	80%

NHS 24 has been working with SGH&SCD Transforming Out-patients Services (TOPS) who are supporting the Patient Reminder Services change package. It is anticipated that based on the successful evaluation of the service, consideration can be given to establish this as a national service within an appropriate timescale.

5.2.3 Future Programme

NHS 24 continued to drive forward the Future Programme, towards a planned go live in 2013, which will deliver a new technology platform to allow the organisation to continue to provide high quality care, and to support NHS 24 expand the range of health services available to the people of Scotland. The Programme will support service delivery through a wide range of digital channels and devices, and will contribute to the focus on prevention, improved health, the achievement of quality ambitions, and improved self help.

As part of the Programme, NHS 24 has also taken the opportunity to redesign its services to ensure that the patient journey is the best it can be; that the outcome for patients is appropriate to their clinical needs; and that NHS 24 continues to have the ability to deliver services in as efficient and effective way as possible in the years ahead.

NHS 24's guiding principle is the delivery of safe and high quality care for our patients. This patient safety principle has always been at the heart of the design of the Future Programme. It is also vitally important that the service is safe and effective for staff to operate. NHS 24 therefore established rigorous readiness criteria for the Programme, based on that guiding principle, which must be achieved prior to going live with the new technology.

Some key elements of the programme did not meet those criteria, and whilst NHS 24 is disappointed the system has not yet been implemented as planned, it will only be deployed when it is safe to do so. NHS 24 continues to work with suppliers of its current systems in order to support our dedicated staff in delivering patient care that is safe and effective, whilst remaining fully committed to delivering the Future Programme and the benefits it will bring to the people of Scotland.

Despite being unable to go live with the programme, significant progress has been made with the design and build of the new technology resulting in the majority of the development being completed, both in terms of the application, and the supporting infrastructure. Some of these improvements to the systems and processes which were made as part of the development of the programme have been put in place, including enhancements to clinical processes which are already improving the patient journey.

Strong engagement has continued with staff, partners and clinical advisers throughout the year as follows:

- All staff were regularly updated on key developments in the programme through the dedicated area on the staff Intranet, and with regular updates provided in the staff magazine, "Insight";
- Managers continued to be supported, across the organisation, in order to support their staff with information;
- The NHS 24 staff side organisations have been fully involved in the development of the programme, particularly with regards to the coaching activity, and through membership of the Future Service Committee;
- The Public Partnership Forum were continually supporting the NHS 24 Future Programme achieve patient focus and public involvement;
- External partners were appropriately engaged in the NHS 24 Future Programme /Core Clinical Group

5.2.5 NHS 24 Quality Strategy Measures - Effective

NHS 24 continually reviews its services to ensure “the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated”. Quality Indicators were identified within the call consultation review standard and performance is monitored at the National Clinical Effectiveness Group to identify and take forward identified improvements.

The “correct location of care” assesses our nurse practitioners clinical outcome for the patient following assessment; this provides us with an indication of the effectiveness and safety of our nurse practitioners “excellence in decision making”.

The performance against the Effective Quality Measures set out in the 2013/14 LDP are outlined in the tables below:

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
90% of Nurse Practitioners score 3 or more in the “correct location of care”	95%	98%	97%	96%

“Accurate and succinct clinical summary ”assesses the quality and effectiveness of our nurse practitioners documentation which supports clinicians in providing “continuity of care” by providing an accurate, succinct and relevant description of the clinical episode and next steps as appropriate.

Actual vs. Target Performance 2013/14				
	Q1	Q2	Q3	Q4
Target	90%	90%	90%	90%
90% of Nurse Practitioners score 3 or more in the “Accurate and succinct clinical summary”	96%	95%	95%	95%

5.2.4 Scottish Centre for Telehealth and Telecare Services

Through the Scottish Centre for Telehealth and Telecare, NHS 24 has facilitated a number of services throughout Scotland, and continues to represent NHS Scotland in Europe. Key areas progressed during 2013/14 include:

- Provision of overarching programme management for a portfolio of European Commission funded initiatives working in collaboration with implementation partners in Scotland and Europe to support delivery and knowledge transfer. £3.1m was secured during 2013/14 to support Scotland's participation in a further four European telehealth and telecare programmes and projects: Smartcare, Unwired Health, eSmart and Mastermind.
- Co-ordination of Scotland's successful application for reference site status as part of the European Innovation Partnership on Active and Health Ageing (EIP on AHA). Formal appointment was made on July 1st 2013 in recognition of Scotland's significant work on telecare, falls management and risk prediction (SPARRA). The evaluation received a score which put Scotland in the top three of all Reference Site laureates, significantly raising our country's profile in Europe. In addition, the SCTT continue to co-ordinate Scottish representation on the EIP on AHA's six action groups, leading the B3 action group on Integrated Care. These action groups are responsible for sharing good practice and learning across Europe, and are highly influential from a policy and funding perspective.
- Assisting the NHSScotland National Video Conferencing Team and the eHealth leads to develop and roll out the National Video Conferencing Service. The team has been set up with staff based in Inverness, Aberdeen, Edinburgh and Glasgow. Using contact centre technology and an IT Service Desk system, a single point of contact for video conferencing bridging and technical support has been established. The service supports around 900 devices and 900 desktop video users that generate over 60,000 video calls per quarter. Overall customer satisfaction remains high with 97% of respondents rating the service as good or very good. Following a review by the eHealth leads in February 2014, recurring funding for the service has been agreed from 2014. This has resulted in the development of an efficient, national service for NHSScotland, and improved confidence and usage of video conferencing as a tool within local services.
- Supported the establishment and formal launch of the £10m Digital Health Institute (DHI) in October 2013. This fulfils the ambition laid out in the National Telehealth and Telecare Delivery Plan to develop a flourishing innovation centre. The DHI will co-ordinate an interactive community of academics, care professionals, service providers and industry which innovates to meet future challenges and provide benefits for Scotland's health, wellbeing and wealth. A portfolio of projects is emerging, some of which will be taken forward in collaboration with the SCTT.
- Worked in partnership with the Scottish Ambulance Service, NHS Borders, and Samsung to deliver the Troponin Trial service. The successful results, as announced by the Cabinet Secretary for Health and Wellbeing in June 2013, demonstrated the feasibility and logistics associated with performing cardiac biomarker measurements in an ambulance setting with paramedics. This enabled reductions in the length of hospital stay, and more effective and appropriate use of the Coronary Care Unit.

CHAPTER 5.3 STAFF FEEL SUPPORTED AND ENGAGED

5.3.1 Staff Governance

NHS 24 continues to robustly identify and action initiatives to manage and, wherever possible, improve staff governance. For 2013/14 26 actions were identified, nine of which were completed; nine remained on target as longer-term actions, five actions have been delayed, and three actions discontinued. Those actions being carried over to 2014/15 and have been incorporated into the Workforce 20:20 Vision Action Plan.

NHS 24 has delivered a number of successful initiatives to keep staff informed and involving them in the decisions that affect them including an extensive range of Future Programme Workshops and engagement sessions across all sites, the continuation and development of patient safety walkrounds and consultation on the NHSScotland 2020 Workforce Vision. In addition, there is a clear commitment to the ongoing development of partnership working to ensure staff are involved in key decisions, through both the Regional and Area Partnership Forum and inclusion of staff side representation in all key decision making groups. This included an APF Development event from which an agreed action and workplan is being progressed. In addition, the Regional Partnership Fora role has been more clearly defined and developed with a clear structure and specific responsibilities. These forums enable two way, meaningful engagement and input from staff that will shape the future of NHS 24.

In 2013/14, 9 Human Resources policies were updated and reviewed in line with PIN policies, including Attendance Management, Fixed Term workers, Parental Leave, Employee Conduct, External Learning and Development, Whistleblowing, Travel and Accommodation, and Salary Overpayment.

5.3.2 Learning & Development

To ensure staff are appropriately developed, in addition to statutory and mandatory training, NHS 24 has an Individual Performance Management & Personal Development Policy (IPM/PDP) underpinned by an integrated learning management system. These combine to ensure identification of development needs through which staff are able to access appropriate development starting with our comprehensive induction, supplemented by Bursary and External Development Event Policies, e-learning, internally delivered activities and access to NHS leadership development programmes.

During 2013/14, staff received appropriate training and development but, given the focus on work on our Future Programme, not all of this naturally translated in to the e-KSF system, however NHS 24 achieved a completion level for KSF reviews of 72% by 31 March 2014, compared to 64% in 2012/13, and exceeded the NHSScotland average of 58%. NHS 24 have assigned a member of Learning and Development team to link and work with each directorate to support them with KSF completion, and ensure that managers receive monthly updates on the position within their teams. All actions to support managers meet the completion level are followed up by this "link" person.

Key examples of the work the Learning & Professional Education team has supported over 2013/2014 are:

- Planning, design, delivery and monitoring of a coaching and consolidation programme for all front-line staff in terms of organisation wide system change as part of the Future Programme.
- Winter Initiative support including design of development modules for new protocols, and delivery support for induction of new front-line staff.
- Design and Delivery of training for Call Operators and Train the Trainer programme in support of the launch of 111.
- Full support for Quality of Care and Clinical Resource Review plan development objectives with particular focus on redesign of the Nurse Induction arrangements, frontline management of performance and conduct issues and review of ongoing development arrangements to ensure staff maintain competence to deliver clinically safe services.
- Design and launch of the Clinical Continuing Professional Development programme for 2013/14 as well as ongoing monitoring of progress.
- Workforce 2020 Vision actions to embed values and behaviours, including preparation of iMatters roll out, review of the Individual Performance Management & Personal Development Planning (IPM/PDP) Policy and development needs analysis for Manager Development programme design.
- Enhancement of our Learning Infrastructure and online delivery arrangements through system improvements and planning of transition to the new national Learning & Performance Management arrangements in conjunction with the e:ESS HR system implementation.
- Connecting the Lean Practitioner group to work of the Efficiency and Productivity Network to promote the use of lean process skills in relation to specific projects within NHS 24.
- Development of induction programmes to support Additional Services in Musculoskeletal, Patient Reminder Services, Home Monitoring and Cancer Care Line, in line with service evolution.
- Revamp of the NHS 24 Library space in Clydebank to create the Knowledge Lab a new flexible learning space as part of the NHS 24 Knowledge Management Framework review.
- Support for the monitoring and successful sign off of staff covered by the Healthcare Support Workers induction standards and Code of Conduct.
- Launch of the new NHS 24 External Development Event Policy with 'account management' arrangements to ensure links to Directorate development priorities.
- Delivery of effective e-learning options to deliver organisational mandatory training requirements, and ongoing monitoring and reporting of achievement levels.
- Use of Aston Team Working diagnostic tools to support teams in NHS 24 in managing change and to develop effective ways of working.

5.3.3 Staff Engagement

Staff engagement activities during 2013/14 were focussed around the Future Programme during which comprehensive staff engagement activities were taken forward.

A staff survey action plan was developed in partnership based on analysis of the results of the 2013 national staff survey. Six main actions were identified to be taken forward and these have been incorporated into NHS 24's 2020 Workforce Vision Action Plan. Staff focus groups played a key role in the development of actions, and staff continued to be encouraged to communicate new ideas.

The Well Being Group continued to progress a range of activities on a bi-monthly basis for all staff. Health Metrics provided by NHS 24's Occupational Health provider and the Health and Safety Advisor, as well as the employee assistance programme provider, were used to determine a range of appropriate initiatives that could be taken forward. The group continued work on NHS 24's portfolio for the Gold Healthy Working Lives Award.

5.3.4 Attendance Management

NHS 24 continues to robustly manage attendance across all centres and to progress on our Employee Wellbeing programme. For 2013/14, NHS 24's attendance figure was reported through SWISS as **95.22%** against an NHS 24 agreed target of 94.75%. NHS 24 recognises that the national standard is 4% and continues to work to improve attendance rates.

Analysis of data obtained from Occupational Health and the Employee Support Programme has better enabled NHS 24 to focus attention and resource on the key areas affecting attendance at work and employee wellbeing. Campaigns designed to raise employee awareness (specific to musculoskeletal issues; mental health; and gastro intestinal health issues) have been successfully conducted organisation.

5.3.5 Wider Sharing of Good Practice and Learning

In partnership with the Joint Improvement Team (JIT), the SCTT continued to share good practice and learning on telehealth and telecare in Scotland. A particularly notable achievement this year was Scotland's hosting of the first European Telemedicine Conference in October 2013. This conference was the focal point of Scottish Telehealth and Telecare Week, with around 420 delegates in attendance. The week also featured the launch of the DHI, a European Innovation Showcase, and a Users and Carers event involving 165 participants.

The SCTT also continued to support a thriving Telehealth and Telecare Learning Network. Activities included supporting a Scottish Telehealth and Telecare Community Web resource; a programme of webcasts which highlight shared learning across members (receiving over 1,450 viewer hits); and the annual Learning Network Event. This event was attended by over 180 delegates, with a further 115 participants accessing online presentations from the event. In addition, the SCTT delivered content direct to 680 participants in training programmes in a joint programme with JIT.

APPENDIX 1 DEFINITIONS

A&E	Accident & Emergency - A&E departments assess and treat patients with serious injuries or illnesses usually including trauma. Generally, you should visit A&E or call 999 for life-threatening emergencies.
CBT	Cognitive Behavioural Therapy —a talking therapy most commonly used to treat anxiety and depression
Category C Call	Category C Call – is a call to the Scottish Ambulance Service where the caller has provided information that suggests the patient does not require an emergency ambulance response. To ensure that the patient receives the appropriate care and advice the call is passes to NHS 24 who contacts the patient within the next hour for assessment of the patient’s condition.
dallas	Delivery of Assisted Lifestyle Living at Scale
DHI	Digital Health Institute
DNA	Did not attend
GAD	Generalised Anxiety Disorder – a long term condition that causes individuals to feel anxious about a wide range of situations and issues
GSH	Guided Self Help —a form of Cognitive Behavioural Therapy supported by a self help coach
HIS	Healthcare Improvement Scotland - helps NHSScotland and independent healthcare providers to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise services to provide public assurance about the quality and safety of that care.
IUTs	in utero transfers – transfers of pregnant women to a specialist neonatal unit if the baby is likely to be born extremely prematurely.
IVR	Interactive Voice Recognition
LDP	Local Delivery Plan - a delivery agreement between the Scottish Government and a NHS Board. It details how the NHS Board aims to contribute to meeting the Scottish Government's targets and outcomes for the NHS.
LEAN	An improvement methodology providing an integrated approach to designing and improving work to eliminate waste.
LIVING IT UP	A 3 year collaborate programme in Scotland, funded by the Technology Strategy Board under the "dallas" initiative, and is programme managed by NHS 24 to deliver health, care and wellness service innovations
MSK	Musculoskeletal Service - offers a non-emergency service for people with muscle, back and joint problems.
PFPI	Patient Focus and Public Involvement -A framework for delivering a culture change in the NHS where patient-focus is at the heart of service design and delivery

- PHQ - 9** **Patient Health Questionnaire** – questionnaire used to monitor the severity depression and response to treatment
- PIN** **Partnership Improvement Network**
- PRS** Patient Reminder Service – offers a telephone based service on behalf of NHS Boards to provide reminder calls to patients who were identified as being most likely not to attend outpatient appointments.
- PPF** **Public Partnership Forums** - a network of patients, carers, community groups, voluntary organisations and individuals interested in the development and design of local health and social care services. They are the main link between local communities and the Community Health Partnerships (CHPs).
- SCT** **Scottish Centre for Telehealth Telecare** - established in 2006 to support and guide the development of telehealth for clinical, managerial and educational purposes across Scotland. This involves working across boundaries with industry, academia, local authorities and NHS Boards to develop recognised models for redesigning care. The Scottish Centre for Telehealth Telecare is part of NHS 24.
- TB** Tuberculosis
- TIPS** **Tailored Information for the People of Scotland** – provides detailed information regarding health conditions, and provides the ability to tailor that information to the individual's specific circumstances.